# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Andrew Moses	160m
	16CV 792
Write the full name of each plaintiff.	(To be filled out by Clerk's Office)
-against-	COMPLAINT
Officer Daniel Spies	(Prisoner)
Offer John Doe	Do you want a jury trial? Yes 🗆 No
officer John Doe	
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The	

### NOTICE

names listed above must be identical to those contained in

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

91:1 Wd L-130 HM

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Section IV.

I	LEGAL	<b>BASIS</b>	<b>FOR</b>	<b>CLAIM</b>
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often brought u	federal legal basis for your nging the constitutionality onder 42 U.S.C. § 1983 (again	of their conditions of confi nst state: county: or munic	nement: those claims are
"Bivens" action (	against federal defendants	).	spar desendants) of III a
Violation of	my federal constitutional	rights	
$\Box$ Other:	·		
II. PLAIN	TIFF INFORMATION		
	st provide the following info	ormation. Attach addition	al pages if possesses
1 1 0111	11	1 /	ar pages ir necessary.
Fhairn -	N	Noses	·
First Name	Middle Initial	Last Name	
State any other na	ames (or different forms of previously filing a lawsuit.	your name) you have eve	r used, including any name
MSID# 00	4499962	BKC# 3491	607870
Prisoner ID # (if yo	ou have previously been in	another agency's custody,	please specify each agency
and the ID numbe	r (such as your DIN or NYSII	D) under which you were	held)
Current Place of D	etention		
125 whi	te street		,
Institutional Addre	SS .		
New York		N	10013
County, City		State	Zip Code
III. PRISONE	R STATUS		
Indicate below whe	ther you are a prisoner or o	other confined person:	
Pretrial detaine		•	
☐ Civilly committ			
☐ Immigration de			
	sentenced prisoner	•	
☐ Other:	- ·		
<del></del>			<del>-</del>

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	Daniel	_ 50/65	14722
	First Name	Last Name	Shield #
	officer of Ho	USING BOTO Manhotto	an Immat Docoxnea Loom
	Current Job Title (	or other identifying informat	tion)
	Current Work Add		
•	New York	ress	
	County, City		
Defendant 2:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	State	Zip Code
Defendant 2;	JOYYY	00C	
	First Name	Last Name	Shield #
	ottrer of Housin	19 Roso Mahattan Ima	pact Response team
	Current Job Title (or	other identifying informati	on)
		<u>.                                      </u>	
	Current Work Addre	ess	
	New York	NY	
	County, City	State	Zip Code
Defendant 3:	John	Sol	
	First Name	Last Name \\	Şhield#
	officer of Housin	in Boro Manhattan	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Current Job Title (or	other identifying informatio	mpact kesponse team
	Current Work Addres	S	
	New York	NM	•
•	County, City	State	Zip Code
Defendant 4:	John	The	
••	First Name	Last Name	Chiatan
	officer of Busin	. () <b>X</b> (\ \- \ \ .	Shield #
•	Current Job Title (or o	ther identifying information	1906+ Response from
	The last the	aret incuttibili Rillot Wattou	,
	Current Work Address	<del></del>	
	Morridan	k i d	
	County, City		
	Country, City	State	Zip Code

Director

### V. STATEMENT OF CLAIM

Place(s) of occurrence: In the "Elevator" of building 227 Lave NewYork, N 10029

Date(s) of occurrence: 07/13/2016

#### **FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

K bil passing My property be seen EMERGENCY ( form because my situation

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	·
·	
INJURIES:	
If you were injured as a result of these a	actions, describe your injuries and what medical treatment,
if any, you required and received.	To mountain treatment,
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nealizing by hand	
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and working the 101 1116	
/I. RELIEF	
tate briefly what money damages or othe	er relief you want the court to order
1400/11/	// /
want to be accord	amodated One point five
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anio: 30/19/3 /9	110mg pain & Suffering

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepa	yment of fees, each p	laintiff r	nust also submi	t an IFP application.	eking to
10/4/2016			MODE	20 v	
Pated /	. 1		Plaintiff's Sign	ature	
Andrew	M		MASRS		
First Name \	, Middle Initial		Last Name		
125 white	Street		Edde Harrie		
Prison Address	,				
NewYork		NY.		100/3	
County, City		State		Zip Code	
				F 500C	

Date on which I am delivering this complaint to prison authorities for mailing:

Andrew Moss
4349/607870
125 white Street
New York, NY 10003

Case 1:16-cv-07920-LTS Document & The 10000/16+ Plage of 8













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